



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Weights and Measures, Storage Tank Regulation

2811 Agriculture Drive, PO Box 7837, Madison, WI 53707-7837

Phone: (608) 224-4942

Wis. Admin. Code §ATCP 93.510

FOR OFFICE USE ONLY

UNDERGROUND TANK SYSTEM FUNCTIONALITY VERIFICATION

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for purposes other than that which it was originally collected (s.15.04 (1)(m) Wis. Stats.).

A. OWNER INFORMATION				
NAME		TELEPHONE NUMBER: () -	EMAIL ADDRESS:	
COMPANY NAME				
NUMBER AND STREET		CITY	STATE	ZIP
SITE INFORMATION				
FACILITY ID #		FACILITY NAME		
SITE STREET		CITY	STATE	ZIP
ASSIGNED ANNIVERSARY MONTH:		DATE OF TESTING/SERVICING:		
CONTRACTOR INFORMATION				
CONTRACTOR NAME:			TELEPHONE/CELL NUMBER: () -	
CONTACT PERSON	E-MAIL	WORK ORDER NUMBER:		

This form must be used to document functionality testing of monitoring equipment. **A separate verification or report must be prepared for each monitoring system control panel** by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must retain these records in accordance with ATCP 93.510(2).

B. RESULTS OF TESTING/SERVICING

TECH'S MANUFACTURER'S

CERTIFICATION NUMBER: _____

LEVEL: _____

ATG MAKE AND
MODEL: _____

☐ CSLD

SOFTWARE VERSION INSTALLED: _____

ALL EQUIPMENT
TESTED: ☐ YES ☐ NO

ALL EQUIPMENT
VERIFIED AS FUNCTIONAL: ☐ YES ☐ NO

ARE ALL DEFICIENCIES
CORRECTED? ☐ YES ☐ NO ☐ NA

NOTE: If response is "No" for any question above; send page 1 of this form immediately to DATCP via e-mail to: DATCPWeightsandMeasures@wisconsin.gov

IN SECTION BELOW, DESCRIBE HOW AND WHEN DEFICIENCIES WERE OR WILL BE CORRECTED.

COMMENTS:

Operator was advised to hire contractor to correct deficiencies or service items not inspected or verified: ☐ YES ☐ NO ☐ NA (No deficiencies or items not inspected or verified)

Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines and the system is set up correctly. Attached to this report is additional documentation (e.g. manufacturers' checklists) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the following; (check all that apply):

☐ Set-up as found ☐ Set-up as left (corrections made: ☐ YES ☐ NO) ☐ Alarm History

TECHNICIAN NAME (PRINT)

SIGNATURE

DATE

FACILITY REPRESENTATIVE (PRINT)

SIGNATURE

DATE

FACILITY NAME:

DATE:

C. Inventory of Tank Equipment *Below check and write in the appropriate boxes.*

<p>Tank Product: _____ <input type="checkbox"/> Manifolder Tank</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA In-Tank Gauging Probe.</p> <p>Make /Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Interstitial Sensor is functioning properly.</p> <p style="padding-left: 150px;"><input type="checkbox"/> Float Type</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Sump Sensor installed:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Mechanical Line Leak Detector installed.</p> <p>Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Electronic Leak Detector installed.</p> <p>Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tank Overfill -90% alert installed.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Overfill - 95% auto shut-off drop tube</p>	<p>Tank Product: _____ <input type="checkbox"/> Manifolder Tank</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA In-Tank Gauging Probe.</p> <p>Make /Model #: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Interstitial Sensor is functioning properly.</p> <p style="padding-left: 150px;"><input type="checkbox"/> Float Type</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Sump Sensor installed:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Mechanical Line Leak Detector installed.</p> <p>Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Electronic Leak Detector installed.</p> <p>Model: _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tank Overfill -90% alert installed.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA Tank Overfill - 95% auto shut-off drop tube</p>
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D. OVERFILL ☐ NA

- ☐ YES ☐ NO Is an outdoor audible and visual alarm to alert when the tanks has reached the 90% fill level installed and functional?
(Check appropriate box(s)) ☐ Audible operating ☐ Visual operating
- ☐ YES ☐ NO Overfill auto shut-off drop tubes were removed, inspected, reinstalled and are operational for 95% maximum tank fill.
- ☐ YES ☐ NO Ball floats on all tanks have been removed or set higher than the 95% auto shut-off drop tube valve.

E. CONTAINMENT

- ☐ YES ☐ NO ☐ NA Are all spill buckets intact with no evident holes, cracks, bulges, collapsed walls?
- ☐ YES ☐ NO ☐ NA If spill bucket is designed with a plunger, is it functional?
- ☐ YES ☐ NO ☐ NA All tank and transition sump sensors were visually inspected, functionally tested, and are confirmed operational.
- ☐ YES ☐ NO ☐ NA Are all sensors installed according to manufacturer's specifications or at lowest point of secondary containment and positioned so that nothing will interfere with their proper operation?
- ☐ YES ☐ NO ☐ NA Have all "stand-alone" sensors been tested and determined to be functional?
- ☐ YES ☐ NO ☐ NA For pressurized piping systems does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak. If yes which sensor location activates shutdown?
☐ Sump sensor ☐ Dispenser sensor Did you confirm a positive shut-down? ☐ YES ☐ NO
- The double-wall interstitial pipe is installed with the intention of functioning as an: ☐ Open system ☐ Closed system
- ☐ YES ☐ NO ☐ NA Test ports/fittings/boots removed or left open on secondary containment "open" interstitial piping?
- ☐ YES ☐ NO ☐ NA Submersible or dispenser containment's inspection indicates holes, cracks, bulges, collapsed walls or failed penetration boots (NOTE: Liquid tight sumps must be in place by Dec 31, 2020)
- ☐ YES ☐ NO ☐ NA Was liquid found inside any secondary containment system?
☐ Product ☐ Water If yes describe how resolved in comments?

F. GENERAL

<input type="checkbox"/> YES <input type="checkbox"/> NO	Monitoring system set-up was reviewed to ensure proper settings. Corrections made? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Attach set up reports and a description of set-up corrections in section B, if applicable.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any current alarms? What:
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	If alarms are relayed to a remote monitoring station is all communications equipment (e.g. modem) operational.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was any monitoring equipment replaced? <i>If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in comment section.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	ATG or monitoring system's visual and audible alarm(s) are operational and functioning.
<input type="checkbox"/> YES <input type="checkbox"/> NO	All gasoline dispenser hoses passed continuity test. <i>List failures in comment section</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are all dual point adaptor and vapor recovery poppet and caps functional with gaskets?
In-Tank Gauging <input type="checkbox"/> Check this box if no tank gauging equipment installed. <input type="checkbox"/> Check this box if tank gauge is not functioning.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	All input wiring has been visually inspected for proper entry and termination?
<input type="checkbox"/> YES <input type="checkbox"/> NO	All tank gauging probes, visually inspected for damage and residue buildup?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Accuracy of system product level readings tested?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have all the tanks been checked for water? Has the water been removed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<input type="checkbox"/> YES <input type="checkbox"/> NO	All probes reinstalled properly and verified as operational. All cap, gasket and grommet fittings are watertight?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	All items on the equipment manufacturer's maintenance checklist completed?
Leak Detector <i>This section is in addition to the annual functionality test of MLLD or ELLD.</i> <input type="checkbox"/> Check this box if no leak detection equipment is installed. <input type="checkbox"/> Check this box if leak detection is not functioning.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Each Electronic Line Leak Detector automatically shut off the submersible if the ELLD detects a 3gph leak?
<input type="checkbox"/> YES <input type="checkbox"/> NO	For Electronic Line Leak Detectors have all accessible wiring connections been visually inspected?

G. DISPENSER INFORMATION

Dispenser ID: _____ Dispenser Containment Sensor - Model: _____ or <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO Shear Valve(s) properly anchored & operational <input type="checkbox"/> YES <input type="checkbox"/> NO Dispenser containment <input type="checkbox"/> Manufactured or <input type="checkbox"/> Field constructed	Dispenser ID: _____ Dispenser Containment Sensor - Model: _____ or <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO Shear Valve(s) properly anchored & operational <input type="checkbox"/> YES <input type="checkbox"/> NO Dispenser containment <input type="checkbox"/> Manufactured or <input type="checkbox"/> Field constructed
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**If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.*